

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596317

FILING DATE

03 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2	1		1				
3	2		1				
4	0		1				
5	2		1				
6	0		1				
7	1		1				
8	0		0				
9	0		0				
10	0		0				
11	0		0				
12	1		1				
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49							
50							
TOTAL IND.	2		2				
TOTAL DEP.	12	←	10	←		←	
TOTAL CLAIMS	14		12				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.							
TOTAL DEP.		↓			↓		↓
TOTAL CLAIMS							